



Christian Surfers United States

Authorization to Consent to Health Care for a Minor

(Required for under 18)

I, the undersigned parent or legal guardian of _____, a minor, do hereby authorize adult workers with the ministry of Christian Surfers United States to consent to any examination, x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care which is rendered under supervision of any physician or surgeon licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

Further, as parent or legal guardian of the minor stated above, I do hereby expressly consent that my son/daughter may receive emergency medical treatment from any physician, hospital, or other medical center without the necessity of first notifying me, and do further agree to hold blameless any physician, hospital, or other medical center for rendering such services.

Insurance Company or Group: _____

Policy Number: _____

Primary Care Physician _____ Known Allergies _____

Name of Participant: _____ Parent or Guardian: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Evening Phone: _____

Cell Phone: _____ Pager: _____

Signature: _____ Date: _____

On this _____ day of _____, 20_____, personally appeared before me the named _____, to me known and known to me to be the person described in and who executed the foregoing instrument and he (or she) acknowledges that he (or she) executed the same and being duly sworn by me, made oath that the statements in the foregoing instrument are true.

Notary Public My Commission Expires: _____

(OFFICIAL SEAL)



Christian Surfers U. S. Participant Agreement, Release and Assumption of Risk

(Required for all surfing and sport related activities)

In consideration of the services of Christian Surfers United States, their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "CSUS"), I hereby agree to release, indemnify, and discharge CSUS, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1) I acknowledge that surfing entails known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

The risks include, among other things: Being hit by the board, other surfers or their boards which could result in cuts, bruises, or abrasions, and concussions; hitting the bottom of the ocean; sprains, strains, broken bones, paralysis, even death; exhaustion, dehydration, sunburn, exposure to poisonous and/or carnivorous sea creatures; and accidental drowning.

Furthermore, CSUS employees have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They might misjudge the weather or other environmental conditions. They may give incomplete warnings or instructions, and the equipment being used might malfunction.

2) I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.

3) I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless CSUS from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of CSUS's equipment or facilities, **including any such claims which allege negligent acts or omissions of CSUS.**

4) Should CSUS or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.

5) I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damaging myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.

6) In the event that I file a lawsuit against CSUS, I agree to do so solely in the state of Florida, and I further agree that the substantive law of Florida shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against CSUS on the basis of any claim from which I have released them herein.

I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Signature of Participate _____ Print name _____

Address _____

Phone _____ Date _____

Parent's or Guardian's Addition Indemnification **(Must be completed for participants under the age of 18)**

In consideration of _____ (print minor's name) ("Minor") being permitted by CSUS to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless CSUS from any and all claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

Parent or Guardian: _____ Print Name: _____ Date: _____